

PTC/8B/62 (01-06)

Approved for use through 12/31/2003 OMB 6651-0035

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS Application Number 10052982 Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number 678-800

I hereby revoke all previous powers of attorney given in the above-identified application.			
A Power of Attorney is submitted herewith.			
OR I hereby appoint the practitioners associated with the Customer Number			66547
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 66547			
OR			
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Address			-
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Country	·		
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Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 GFR 3.73(b) is enclosed. (Form PTO/SB/98)			
Signature Signature Signature			
4.7.7			
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<u> </u>	16. Nov. 2006	Telephone	ning Coope much be to it many
NOTE. Signifures of all the inventors or obsequees of record of the entire interest or their representative(s) are required. Submat multiple forms if more than one aignature is required, see below.			
Total ofcome are submitted			

This coloction of information is required by 27 CPR 1.36. The information is required to obtain or retain a bondst by the public which is to the (and by the USPTO to process) an apparent. Considerability is governed by 32 U.S.C. 122 and 37 CFR 1.11 and 1.14. This coloction is estimated to taxe 3 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Then was very deponding upon the individual case. Any comments with the property of time year operator of complete that form and reagangestors for reavening this burden, should see some to the Chief Information Officer, U.S. Petant and Trudemark Officer, U.S. Coperation of Commerce, I.O. Box 1650, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Potenta, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-900-PTO-2199 and select oppon Z